

THE ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

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Message from the Chief



Greetings! I am excited about bringing you up to date on some of the ANC issues we have been working over the past two months.

GEN Schoomaker, our CSA, invited me to attend a strategic leadership conference in Chicago. On the last morning of the conference, we sat with him and discussed concerns of the Army. The concern about the retention and attrition of Army nurses has reached his level and it is now one of the topics that his staff tracks—he understands that we need highly qualified nurses in the Army. We discussed several additional challenges, which are in alignment with the concerns he has for the Army—and are well addressed in a 16-slide Army Campaign Plan briefing on the web. If you have not seen this briefing, I encourage you to go to <http://www.army.mil/thewayahead/acpdownloads.html>.

The CSA queried Accession and Cadet Command about why they are unable to make mission. I am going to meet with the Commander of USAREC this month, so I will insure he understands the necessity of increasing efforts to recruit for us. I would ask that each of you help us as well. If you know of a nurse who may be interested in a tour in the Army (or a career), let your Chief Nurses know so we can provide that contact info to Accession Command. They are finding that when they bring a potential nurse recruit to the MTFs and talk with you about Army nursing, 90% of them agree to come on board! That is a great success and I ask you to sustain that great interaction!

We discussed the potential that increased frequency of deployments may cause additional attrition if we do not provide stabilization and predictability for our officers. He was interested in understanding the benefits and salaries our high quality AN officers obtain when they decide to leave the Army, particularly for intensive care, operating room, and anesthesia nurses. We need to change a large organization and that is an evolution not a revolution. Your patience will be rewarded as we clearly have a great start and will continue to work these issues for **all** ANC officers.

By now, you should have heard about the significant improvements for our GS nurses. Finally, the legislation and the supporting process are in place and we can offer overtime, weekend differential and shift differential to our GS

staff. The MEDCOM believes that we will be able to better utilize our civilian staff and decrease the number of hours each of you sacrifices when we can't fill shifts in both the in and out patient arenas. Please work this hard at your respective organizations so we can also retain our GS nursing staff.

As we move into the new OER process for our junior officers where quarterly counseling is required to help them identify strengths and areas that require some fine-tuning. I want to stress that it is not just the company grade officers who need counseling—we all need it and I expect those of you in leadership positions to work this. I understand that many of us already have a full plate, but as I have come to understand—nothing is more important than developing our subordinates. Make it happen!

There is another important issue I want to address with you—Post Traumatic Stress Disorder. We learned after Vietnam that it was essential to talk through the terrible experiences our soldiers and our nurses suffered while there. Many of them would not talk about it—and have suffered for years. We cannot allow another generation of nurses or Soldiers to suffer with this. For the ones of you who deployed, you witnessed evil and vicious attacks--on you, the Soldiers and noncombatants. Do not allow the evil people to control the rest of your life. Get in touch with a colleague who was in the same or a similar location, talk through it. Being easily startled, frightened from sirens, suddenly feeling your heart race, nightmares—these are all normal responses as our brain tries to cope with the incongruence of our experiences. We are working on a variety of options for our staff to assist them—but please reach out to one another; a listening ear is one of the best assists you can provide. Talk about PTSD with your injured soldiers as well—many of them report feeling as if they are losing their mind—they need to know these are part of the process of working it through in their minds and these feelings are normal. They know that you have seen their buddies wounded and disfigured, they welcome your willingness to help them.

Finally, I would like to recommend a book for your reading, “American Nightingale” by Bob Welsh. This is about one of the most celebrated nurses in WWII and certainly made me proud to follow in her steps!

Take the time to enjoy your loved ones as we enter the holiday season, be safe, stay well. I am so proud of you and your service to our military and our Nation! GSP

GALE S. POLLOCK
MG, AN
Chief, Army Nurse Corps

Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all Army Nurse Corps Officers. If you have an item that you feel would be of interest to your fellow ANCs please e-mail article to [MAJ Eric Lewis](#). The deadline for submission is the third week of every month. All Officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.

Kudos and Publications

The FY05 LTHET Board convened 4 Oct 2004. A total of 104 packets were reviewed. The overall selection rate was 85%. The selection rates for different programs were as follows: Anesthesia 98%; MSN 79%; Baylor HCA 67%; FNP 87%; Perioperative 67%; Ph.D. 50%. **Congratulations to the following officers who have been selected for LTHET!**

Anesthesia

Anderson, Travis

CPT

Anderson, Wesley

Ballister, Michele

CPT

CPT

Bussard, Joyce	1LT	DeLeon, Miguel	CPT
Carlsson, Glen	CPT	Farley, David	CPT
Compton, Joshua	1LT	Franklin, Brad	CPT
Cooper, Denise	Direct	Gorrell Goode, Montez	MAJ
Dickinson, Terry	CPT	Gray, Wendy	CPT
Duncan, Robert	Direct	Kang, Hyun-Ju	CPT
Eichelberger, Corey	CPT	Nolin, James	CPT
Fazekas, David	CPT	Reasoner, Brian	CPT
Fonder, Heather	CPT	Rhea, Anthony	CPT
Gates, Gerald	CPT	Sporer, Jeffrey	CPT
Gesaman, Ronald	CPT	Staggs, Robert	CPT
Hacker, James	CPT	Timmer, Tracy	CPT
Horne, Roger	CPT		
Hutton, Bradley	CPT	<u>MSN</u>	
Jones, Paul	CPT	Broden, Caroline	CPT
Keener, John	CPT	Cha, Erik	CPT
Kuhns, William	MAJ	Cofield, Thomas	CPT
Laver, Thomas	Direct	Crawford, Tamara	MAJ
Lawhorn, Lori	CPT	Dickens, Spencer	MAJ
Long, Robert	Direct	Dugai, Jody	CPT
Love, Cheryl	CPT	Felix, Monica	CPT
Mallari, Restituto	CPT	Foster, Tanya	CPT
McCann, Sue	MAJ	Garcia, Eugenio	MAJ
Mitchell, John	CPT	Hassler, Mark	CPT
Moe, Naomi	Direct	Hoffert, Joseph	CPT
Rasberry, Lauren	Direct	House, Crystal	MAJ
Raymundo, Ernesto	Direct	Ingram, Toddy	CPT
Rumfield, Jeffrey	CPT	Ittner, Mary	CPT
Simmons, Wylie	CPT	Johnson, Lisa	CPT
Wander, Gabriel	1LT(P)	Linville, Larry	CPT
Weldon, Brett	CPT	Mack, Lester	CPT
Wheat, Larry	Direct	Mack, Theresa	CPT
Yauger, Young	CPT	Mahoney, Bergen	CPT
		Niccum, Kevin	CPT
<u>PhD Program</u>		Ostrom, Tracy	CPT
McGraw, Leigh	MAJ	Perry, Wendy	CPT
Schlicher, Michael	MAJ	Rinehart, Rene	CPT
		Schmaltz, Jennifer	CPT
<u>Perioperative</u>		Statler, Kimberlie	MAJ
Freeman, Stacey	CPT	Sykes, Phyllis	CPT
Lara, Gregory	CPT	Tan-Winters, Bing	CPT
		Thomas, Jamie	CPT
<u>Baylor HCA</u>		Villacorta, Sara	CPT
Holcek, Robert	CPT	Williams, Conreau	CPT
Paul, Joshua	CPT	Williams, Kimberly	MAJ
		Wosky, Rosemary	CPT
<u>FNP</u>			
Carr, Kate	CPT		

Congratulations to BG (Ret) Pocklington on the release of her new book: **HERITAGE OF LEADERSHIP, Army Nurse Corps Biographies.** A book signing and lecture by BG (Ret) Pocklington will take place 7 Dec 2004 at the AMEDD Museum, Ft. Sam Houston, TX. The book signing will be from 1100 – 1300 in the gift shop and the lecture will begin at 1700 in the museum with a book signing to follow.

The ANC now has a footprint on AKO. We have recently established the ANC AKO homepage. It is still in the production phase but we are adding to it daily. This page is the beginning of a knowledge management transformation to more effectively communicate with all members of the Corps. It will also provide career development, education opportunities, and information sharing. In the near future we will use AKO to distribute the ANC Newsletter Corps-wide. We will also develop AOC specific community pages to provide more detailed information for each of our nursing specialties. MAJ Eric Lewis manages the Corps Chief's Office Web initiatives please contact him with any ideas at <mailto:Eric.Lewis@amedd.army.mil>.

Directions to access and create a shortcut to the ANC AKO Homepage

We have created a PowerPoint presentation on how to access and create a shortcut to the ANC page from your AKO page. You can copy the URL, <https://www.us.army.mil/suite/doc/1329577>, and paste it into your web browser. You will be prompted to log onto AKO. Once you have logged in, please be patient as the page is loaded (may take a minute.) You will then be prompted to subscribe to the knowledge center where the presentation is located. After you have subscribed, the download prompt will pop-up, giving you the choice of opening or saving the presentation to your hard drive. If you are not given the download prompt after subscribing, relick on the link (sometimes the subscription takes a few seconds to take place).

Processing Psychological Trauma for Army Health Care Providers by LTC Spencer Campbell

The October ANC/CCNCO VTC presentation "Processing Psychological Trauma for Army Health Care Providers" by LTC Spencer Campbell is available online at http://vtc.medcom.amedd.army.mil/anc_nco.asp. Just click on the VTC call for **20 Oct 2004**. If you wish to have a CD of this presentation mailed to your MTF, please contact this office and we will happy to accommodate you.

Staff Work: An Opportunity to Excel by LTC Christine Johnson and LTC Sheri Howell

Two highly visible Staff Officer assignments exist in the Army Nurse Corps. One is located in the beautiful, serene area of Fort Belvoir, Virginia, referred to as the DC office. The second office is located in a city known for capturing the spirit of Texas, Fort Sam Houston in San Antonio.



LTC Christine Johnson, Ft. Belvoir

The roles and responsibilities of the two offices vary slightly however several similarities exist. The key to successful staff work is the ability to **anticipate, coordinate** and **verify**. According to the HQDA Staff Officer's Guidebook, "the role of a staff officer is to get things done by not waiting to be told what to do, actively seeking areas that need attention, and not hesitating to stand up and be counted". To anticipate, one needs to look ahead. Focus in on long term goals while meeting present requirements. MG Elias Townsend is quoted to have said, "A staff officer's imagination should be so vivid that he/she can trace an action all the way down to its final conclusion."

The staff officer must coordinate all issues at hand. This is achieved through different methods such as personal interactions, meetings, telephone or e-mail conversations and written staff reports.

The staff officer's goal is to provide to the Chief or Deputy Chief, Army Nurse Corps an action that does not require checking for data accuracy prior to signature. Presented information must be unbiased, objective, based on fact and stated with precision. Recommendations must be well-researched, well-



LTC Sheri Howell, Ft. Sam Houston

written, meet the Commander's intent and concise. One page when at all possible as the shorter the paper the more work it has taken.

The staff officer is designated as an "action officer" for assigned actions. He/she has the primary responsibility to track the action through the system until completion. When an action has been passed to another level, the primary responsibility remains with the originator – active management and follow-through is essential. The additional personal attributes that ensures success in this role are loyalty to the service of others, integrity, professionalism, and clinical nursing competence. Critical thinking, independent self-directed work ethic and the ability to handle multiple taskings with short suspense's must also be characteristic of you. Needed skills include Power Point, Word, and Excel.

Staff work has its own rewards. Words quoted in The Armed Forces Officer, in the 1950's remains true today – "Chief among the rewards of staff work are the broadening of perspective, a more intimate contact with the views, working methods and personality characteristics of higher commanders and the chance to become acquainted with administrative responsibility from the viewpoint of policy."

Length of tour is dependent upon the individual officer's goals and needs, but usually about 2 years. If you think you might enjoy this work, please let your chief nurse know.

Nurse Corps History: COL Charles J. Reddy by MAJ(P) Charlotte Scott

In June of 1992, the Army Nurse Corps instituted the COL Charles J. Reddy Leadership Development Course to promote junior officer leadership development. During this course, junior Army Nurse Corps officers are provided the opportunity to meet and work with Army Nurse Corps staff officers that are in key Army leadership positions. The COL Charles J. Reddy Leadership course is an annual event sponsored by the Army Nurse Corps and since 1998, includes the participation of Air Force, Navy, and Public Health Service Nurses.

This prestigious Army Nurse Corps leadership course is named after one of our own, COL Charles J. Reddy. COL Reddy is a stellar example of Army Nurse Corps leadership of the finest quality who clearly believes in leading by example and is a role model for nursing leaders today.

COL Reddy served on active duty as an Army Nurse Corps officer for thirty years. In 1953, he graduated from a nursing program at Kings Park State Hospital in New York and worked as a civilian nurse before coming into the Army in 1958. COL Reddy has a variety of experiences during his Army Nurse Corps career, ranging from clinical practice, education, administration, and support of research. He started out as a staff nurse, became a nurse anesthetist, and later moved into administrative positions.



He is most recognized for his leadership qualities and eagerness to develop junior leaders throughout his numerous jobs. His performance led to early selection of increasing responsibility, including Chief of Anesthesia Nursing Section, Tripler Army Medical Center; Nurse Methods Analyst, Tripler Army Medical Center; and Assistant Chief, Department of Nursing, Walter Reed Army Medical Center. He went on to serve as the senior advisor and consultant to the Commanding General of Health Services Command. His final assignment on active duty was as the Chief of Nursing Division, HQ, Joint Military Medical Command.

COL Reddy is also recognized as a pioneer in the Army Nurse Corps history by being the first male nurse to serve in the last three leadership positions listed above. COL Reddy has been awarded numerous military awards to include the Legion of Merit, in recognition of his leadership excellence.

He states that he "believes, more important than assignments or job positions, is to make an effort to take care of those around each of us and to help others to move up in their career. He continues to make contributions to the Army Nurse Corps through mentoring present and past leaders of the organization, and eagerly participates in the COL Charles J. Reddy Leadership Conference each year. The Army Nurse Corps appreciates COL Reddy's leadership and generosity and looks forward to his participation during the upcoming COL Charles J. Reddy Leadership Conference being held 30 January through 02 February 2005.

Updates from the AMEDD Center & School

Company Grade Nurse Corps Positions at the AMEDD Center & School by CPT Todd Jackson

As the War on Terrorism forces us to change our military mindset and priorities of training, so has the AMEDDC&S. Many do not know what is done here on a daily basis and at what magnitude we support our Joint Military Operations. I cannot speak for all company grade nurses assigned to the AMEDDC&S, but would like to share the awesome opportunities that I have been afforded by my assignment here.

Currently, I am assigned as the OIC of a specialty training team that consists of 12 outstanding NCOs and 10 contract civilian instructors. We are but one of eight such teams of instructors within the Department of Combat Medic Training (DCMT), responsible for training a two week footprint of information. The Combat Medics or 91W10 soldiers we train undergo a 16 week training process to provide the Army with entry level medics capable of saving lives on the battlefields of today.



The DCMT is part of the 232nd Medical Battalion and graduates approximately 6000 combat medics per year. Nurses have always been a part of the training process here though their roles have changed over the years. During the 91B years, 1 Army Nurse Corps Officer was assigned to each Company as a Training Officer, responsible for training their company on all 16 weeks of training. When the 91W concept was developed, physician assistants were added to the companies as training officers and the nurses were paired with a PA and were titled as Nurse Instructors. This pairing worked well, as the PA's had more field experience and the nurses had more hospital experience. DCMT reorganized last December into a modular training concept. The Nurses and PAs were placed into various new positions as OICs of training

teams with two-week areas of concentration. This quickly allowed instructors to become subject matter experts on their small footprint of material to be taught within the program of instruction.

So, what does a nurse OIC of a training team do? First, as the OIC of the team, you are responsible for everything that your team accomplishes or fails to accomplish. This is more of an administrative position than an actual teaching position in the traditional sense. You take care of your NCOs and your civilians and they take care of training the Soldier Medics. You may serve on various departmental committees that impact the Army. I had the opportunity to review textbooks and materials for the EMT-B program. The Army Surgeon General approved our recommendations and soon the Active Army, Reserve and National Guard will be switching to new EMT-B textbooks. We are responsible for writing lesson plans and presentations that are used for all 91W training around the world. We serve as staff duty officers for the brigade, as escort officers for VIP's, and as investigation officers and summary court martial officers.

The opportunities for training are also wide and varied. You can often attend courses that are not easily attended when serving as a staff nurse working rotating shifts. You can attend the C4 Course, the head nurse course, the Officer Advanced Course, if not already completed, and various other courses offered by the AMEDDC&S or the Air Force. You will be given opportunities to teach as a guest instructor for courses like ACLS, BCLS, and TNCC etc. Networking opportunities exist with the Defense Medical Readiness Training Institute (TNCC, C4), ACLS, BCLS, Emergency Nurse Course/ICU Course (BAMC), The Department of Aerospace Medicine (Brook-City Base) and the AMEDD Center & School (OBC, OAC). There is also an opportunity to work on your Master's Degree.

The opportunity to serve as an instructor at the AMEDDC&S is indeed an awesome and humbling experience. Few nurses understand the opportunities and responsibilities such an assignment can provide. Hopefully, I have provided a small glimpse into the unique position I hold as a company grade nurse assigned to the 232nd Medical Battalion.

New Competency Resource launched for the AMEDD

The new Tri-Service Healthcare Competency Assessment Website was created to 1) standardize the template (not the content) for initial and ongoing competency assessment tools across the AMEDD and to 2) share examples from Brooke Army Medical Center's custom designed library of over 350 unit and/or job specific clinical and administrative competency tools. The tools incorporate Balanced Scorecard goals, soldier readiness, scope of practice, age, language, and cultural-specific competencies in a format that targets technical, critical thinking, and interpersonal skills.

The posted tools, accessed at <https://akm.amedd.army.mil/competency> have had all formatting removed so that they can be downloaded and edited to meet the needs of your unit or facility. This information is not prescriptive in nature but only shared to help other facilities as they tackle the issue of competency assessment and JCAHO compliance. More tools and materials are being added everyday as they are being converted from the BAMC format. LTC Kimberly Armstrong at the AMEDD Center and School is spearheading this project and may be contacted at (210) 221-6073, DSN 471-6073, or at Kimberly.Armstrong@amedd.army.mil for any questions.

New Critical Care Distance Learning Program Available by LTC Kimberly Armstrong

The Department of Nursing Science and the American Association of Critical Care Nurses (AACN) have entered into a 5 year partnership to use AACN's *Essentials of Critical Care Orientation (ECCO)* distance learning course as refresher and readiness training for AN officers and Department of Army Civilians (DAC) nurses returning to the critical care environment or preparing for deployment.

This web-based program consists of the following nine subcourses: Introduction to Critical Care Nursing, Cardiovascular Disorders, Pulmonary Disorders, Neurologic Disorders, Renal Disorders, Gastrointestinal Disorders, Endocrine Disorders, Hematologic Disorders, and Multisystem Disorders. Two examinations are required for each subcourse; the first to show successful completion of the module and the second for continuing education (CE) credit. Students must pass each exam with a score of 80% or better. Upon successful completion of all modules and exams, including the CE exam, the student will receive 64 CEs as well as credit in ATRRS for course completion.

All registration fees (\$200 per student) have been paid to train over 3,000 active/reserve component and DAC nurses through FY09. These numbers are in addition to the ANs selected by Human Resources Command and DAC nurses selected by their Chief Nurses for follow-on attendance to the Critical Care/Emergency Nursing and Anesthesia Nursing Courses.

Each region, to include the reserve component, has been allocated the following number of slots for FY05. Numbers will be adjusted each year, as needed based on mission and the deployment schedule for each region. Interested personnel should contact their local Hospital/Nursing Education Departments for more information and application procedures.

<i>Region</i>	<i>Number of ECCO Registrations Purchased for FY05</i>
European RMC	42
Great Plains RMC	150
Pacific RMC	70
North Atlantic RMC	108
Southeastern RMC	56
Western RMC	42
Reserve Component	134
<i>FY05 Total User Packages = 602</i>	

Critical Care Website now live

The new **Critical Care Website** will be a one-stop shop for military critical care nurses to obtain vital information regarding patient care and professional development. This site will include important links to professional organizations and will contain research-based SOPs for peers to review and modify for their own facility. Click on the Enterprise Consultancy Website at <http://ec.amedd.army.mil/> and select the nursing button on the left menu. MAJ Lisa Snyder is working in conjunction with COL Juanita Winfree, on this project. You may contact MAJ Snyder at lisa.snyder@us.army.mil.

Attention Mobilized Reservists: HRC-St. Louis will fund Continuing Health Education Training

HRC-St Louis is now funding one continuing health education (CHE) training of up to 5-days for US Army Reserve Soldiers per FY while mobilized. This does not include TTAD Soldiers. HRC-St Louis will need a worksheet, "Request for PDE Orders on Mobilized Reservists," a memorandum from the unit commander authorizing absence from duty station in a TDY status, and a copy of mobilization orders. The orders will not cover a rental car or the registration fees. Airline reservations must be made through Carlson Travel or it will not be reimbursed. Professional Development Education (PDE) is funded only if required for promotion.

POC is Mr. Dave McClory, 800-325-4629 x 0466 or 314-592-0466 or e-mail david.mcclory@arpstl.army.mil

Medical Surgical Nursing by LTC Barbara Gilbert

Celebrate Medical-Surgical Nurses Day! Medical-Surgical Nurses Day is November 1st. I would like to say "thank you" to all of our medical-surgical nurses, for what you do for our beneficiaries. You care for a diverse patient population, possess a vast set of skills, advocate for patients, and make a difference in patients and family members' lives every day. Please take a moment to recognize and thank the medical-surgical nurses in your organization.

What are the top three issues confronting our clinical specialty? MG Pollock spoke during the most recent nurse consultant VTC and asked for our input . . . so I need your input, please. You may e-mail me at barbara.gilbert@us.army.mil or call (808) 433-5119.

Highlights from The Academy of Medical-Surgical Nurses (AMSN) 13th Annual Convention. The AMSN conference in September, with the theme "The Magnificent Specialty of Medical-Surgical Nursing," truly was magnificent. Nearly 800 medical-surgical nurses participated, a record attendance. The concurrent sessions covered a broad range of topics of interest to the spectrum of attendees, from novices to experts. I enjoyed a good review of basics such as "The W's of Postoperative Care" as well as more complex topics such as "Anticoagulation Heparin Induced Thrombocytopenia" and "Genetic Predisposition to Cancer." I also enjoyed meeting colleagues from Walter Reed and the Air Force, and left the conference with my "batteries recharged." Please mark your calendars for next year's conference 22-25 September in New Orleans, and make plans to send a medical-surgical nurse from your organization. Link to www.medsurgnurse.org for more information.

***Advanced Nursing Practice
Putting Evidence into Nursing Practice by LTC Deborah Kenny*****Evaluating Qualitative Studies for Evidence-Based Practice**

In a previous newsletter, I discussed the value of qualitative research for evidence-based practice in nursing. Because nursing is a humanistic and holistic profession, researchers are turning more and more to qualitative research as it offers a depth that quantitative research may not be able to reach. Just as there are differences in both the quality and applicability of quantitative research, so there is also in qualitative research. However, there are no

easy guidelines that separate qualitative research into levels and grading schemes to rate its quality and applicability. For this column, I will attempt to provide some guidance for rating qualitative evidence.

A review of the literature on rating qualitative evidence reveals little in the way of evaluating it for its merit and there is disagreement and debate about the appropriate criteria for evaluation. I did, however, find one useful article that had guidelines for the critical appraisal of qualitative research that could be used as a guideline (Greenhalgh & Taylor, 1997)

1. Did the paper describe an important clinical problem addressed via a clearly

formulated question? The question should tell the reader exactly what was studied and why.

2. Was a qualitative approach appropriate? If the objective of the study was to elicit a deeper understanding of a particular topic in order to either generate new hypotheses or address why a practice may or may not work, then a qualitative approach would have been appropriate. If the objective was to test a hypothesis or determine the incidence of a phenomenon, a quantitative approach would have been better.

3. How were the setting and the subjects selected? While quantitative research generally examines the “average” of a patient population, qualitative researchers seek out specific participants who can give in depth understanding to a question.

4. What was the researcher's perspective, and has this been taken into account? It is very difficult for qualitative researchers to analyze their data completely aside from their personal bias. This should be addressed in the paper so that results can be interpreted with that in mind.

5. What methods did the researcher use for collecting data—and are these described in enough detail? Were you given enough information about how the way data was collected, in such a way that it was easily understood?

6. What methods did the researcher use to analyze the data—and what quality control measures were implemented? The paper should show evidence of consistent and systematic methods for data analysis. There should be no questions as to what the researchers did.

7. Are the results credible, and if so, are they clinically important? Were the results rational and convincing and do they matter in practice?

8. What conclusions were drawn, and are they justified by the results? The conclusions should follow from what the researchers found (their data). Do the conclusions explain the question? Would the subjects or people in similar circumstances agree with the conclusions? Do the conclusions fit with what is already known about the topic?

9. Are the findings of the study transferable to other clinical settings? This is typically the most often heard criticism of qualitative research, that by selectively choosing your sample, you are limiting its generalizeability. However, this is not necessarily the case. Selecting a few select individuals will often give rich data that can then be used on that population as a whole.

Methodologically strong qualitative research studies can provide as much sound evidence for practice as strong quantitative studies. The right questions have to be asked of each for their appraisal.

Anyone having specific questions they would like to see answered in this column by evidence-based nursing practice experts, or those wanting to share stories of implementation successes, tips and especially lessons learned can submit them to me at deborah.kenny@na.amedd.army.mil or contact me at Com: (202) 782-7025 or DSN 662-7025.

Reference

Greenhalgh, T. & Taylor, R. (1997). How to read a paper: Papers that go beyond numbers (qualitative research), *BMJ*, 315, 740-743.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

Greetings from Oakbrook Terrace, IL,
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

We want to wish everyone a Happy Thanksgiving from Oakbrook Terrace, IL. Thanksgiving is a time to reflect and offer thanks for many blessings we are bestowed each day. We often over look little things in life and take many

things for granted. We need to say thanks to those who touch our lives each day. A simple “thank you” goes a long way. This is a time to celebrate and share our appreciation with families, friends, and loved ones. We also have to remember those who are less fortunate and unable to be with their loved ones during this holiday season. We are thankful for every opportunity we are given to make our learning process more meaningful and make an impact on quality and safe care to our patients.

Real Life Scenario

The Joint Commission is scheduled to be in your facility in two days. You were tasked to review and update the unit nursing policy and procedures manual but did not get to it due to many other competing priorities. You are anxious and somewhat overwhelmed at this time. As you make ward rounds, you notice that the crash cart checklists are incomplete and many days are not filled out. Staff is fully aware of the importance of ensuring proper and safe functioning of the emergency equipment. It is very tempting to “fill in the holes” to make the record complete, so that in the event the JCAHO surveyor checks the cart during a patient tracer it will be in compliance with established hospital policy.

WARNING! WARNING! WARNING! WARNING! WARNING! WARNING! WARNING!

APR 10 in the Joint Commission’s Comprehensive Accreditation Manual for Hospitals states “The hospital does not misrepresent information in the accreditation process.” Additionally, the Joint Commission states under APR 10 that it “requires each hospital seeking accreditation to engage in the accreditation process in good faith. Any hospital that fails to participate in good faith by falsifying information presented in the accreditation process may have its accreditation denied or removed by the Joint Commission.”

For the purposes of this requirement, the Joint Commission defines falsification as “the fabrication, in whole or in part, and through commission or omission, of any information provided by an applicant or accredited hospital to the Joint Commission. This includes redrafting, reformatting, or content deletion of documents. However, the hospital may submit additional material that summarizes or otherwise explains the original information submitted to the Joint Commission. These additional materials must be properly identified, dated, and accompanied by the original documents.”

The bottom line: Do not create, alter, or otherwise tamper with documents. It is better to be found non-compliant for a particular standard than to cause your organization to lose its accreditation. On a more personal note, deliberate falsification could result disciplinary action under the UCMJ for military personnel, or for civilian employees the risk of disciplinary action under the Civilian Personnel Table of Penalties.

Finally, in reference to the nurse managers concerns that all the unit policies were not revised, remember that the JCAHO is looking for how you are taking care of patients on a daily basis. Your staff needs to be able to articulate their day-to-day process of providing care--- it is the process that the JCAHO is evaluating. If your staff can articulate a sound process, there is less chance the surveyor will ask to review a written policy. While sound written policies are important, staff action and ability to verbalize the rationale for their action is the true measure of whether a functional policy is in place.

Challenging Standards: JAN – JUL 2004

On a different note, many may be interested in knowing which standards are the most challenging for organizations. The table below is a list of standards most commonly identified as needing “requirements for improvement”, or RFI. Please take a look and see how you can help to improve some of the challenging standards. It is important that everyone gets involved in improving the process each day.

Challenging Standards (N=596)

January - July 2004		
2004 Standards	% of Hospitals Receiving RFI	Standard Rationale
IM.3.10	30%	Abbreviations, symbols, acronyms standards
MM.2.20	15%	Medications Safely and appropriately stored
PC.13.20	15%	Operative or other procedures planned
MM.3.20	15%	Medication orders written clearly and transcribed correctly
MM.4.10	12%	All prescriptions reviewed for appropriateness
PC.8.10	10%	When pain identified, patient is assessed and treated
MS.4.20	10%	Process for granting, renewing, revising, setting specific privileges
IM.6.50	9%	Verbal orders, including read-back
PC.2.120	8%	Initial assessments performed as defined by hospital

Development of New Measure Set for DVT to Begin Soon

Recently, the Joint Commission partnered with the National Quality Forum (NQF)---www.qualityforum.org, to develop and standardize performance measures for the prevention, as well as the care, of deep vein thrombosis (DVT). The Joint Commission expects to appoint an expert panel in late 2004 and begin pilot testing of the tentative measure set in late 2005. Continue to monitor the JCAHO and NQF websites for additional measure development that could affect your future practice.

JCAHO Launches Healthcare Staffing Firm Certification

As we in the AMEDD face ongoing and increasingly acute shortages of nurses, pharmacists and other health care professionals, we are increasingly reliant on temporary workers through contractual arrangements with staffing firms. Ideally, all staffing agencies would be created equal providing a similar product according to a common set of standards. The Joint Commission officially launched its certification program for health care staffing firms on October 7, 2004 as a means to provide national standards, a credible process of external evaluation and performance improvement resources for the health care staffing field. Over 100 health care staffing firms have expressed their intent to seek health care staffing services certification from the Joint Commission. To see the recently approved standards, visit http://www.jcaho.org/dscc/hcss/prepub_stdts.htm

Recognize your star performers

Recognition for a job well done is instrumental in fostering a healthy corporate climate; this principle is no different in the Army Nurse Corps. The Joint Commission provides an opportunity to impart national recognition to an organization or individual who has made great strides in the use of process and outcomes measures to improve organization performance and quality of care. Strongly consider nominating one of your stellar nursing peers, physician, or allied health colleagues for this prestigious award. See the Codman Award application, along with

information regarding past winners of the award by direct link on the Joint Commission website <http://www.jcaho.org/accredited+organizations/codman+award/codman+award.htm>).

PI links of interest

Sentinel event alerts:

[Issue 32 - October 6, 2004](#) - Preventing, and managing the impact of, anesthesia awareness.

[Issue 31 - August 31, 2004](#) - Revised guidance to help prevent kernicterus.

<http://www.clinicalmicrosystem.org/> Look under “Assessing your practice green book” and “clinical microsystem assessment tool”.

National Association for Healthcare Quality <http://www.nahq.org/>

National Center for Nursing Quality <http://www.nursingquality.org/>

US Department of Defense Patient Safety Program <https://patientsafety.satx.disa.mil>

National Patient Safety Agency <http://81.144.177.110/>

VA Center for Patient Safety <http://www.patientsafety.gov>

Feel free to contact us for questions or comments about the content of this newsletter.

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Human Resources Command (HRC) Update

Greetings from Human Resources Command Army Nurse Corps Branch. Last month we re-vamped our format for the ANC Newsletter and started an “Ask Branch” column so you have a method to submit questions to us that may be applicable to the entire Corps. Recently, we’ve received a number of questions and we at AN Branch will use this newsletter to respond. “Thanks” to those who submitted questions. We would like to start the column of with a brief tidbit on news and notes around the Corps.

The LTHET board results were released on 22 October. Congratulations to all those selected. MAJ Suzie Richardson will be contacting each of you in the coming weeks with information on accepting the selection and preparing to attend graduate school.

The Chief Nurse Advisory Board adjourned this month. MAJ LaShanda Cobbs is in the process of contacting Chief Nurse candidates regarding assignment preferences.

The LTC AMEDD Command board convenes 29 November. Eligible officers who do not wish to be considered for command must have submitted their declination requests by 30 October via AKO. All eligible officers who did not decline consideration will be reviewed for selection during the upcoming board. If you need assistance contact MAJ LaShanda Cobbs.

Interested in a Training With Industry (TWI) fellowship at JCAHO or RAND? If so, please contact your Chief Nurse and MAJ Suzie Richardson at 703-325-2330. Information on the TWI program can also be found on the web.

The next OB/GYN course is scheduled for February 2005. To date, there are very few applicants currently enrolled in the course. If you are interested in this program, please contact your Chief Nurse and LTC Kathleen Ford.

As you continue to provide state of the art care to our patients in this high OPTEMPO environment across the globe, we would like to thank you for your hard work and dedication. In this environment of critical nursing shortages in both the military and civilian sectors, you continue to deliver only the highest quality care to our military beneficiaries. On behalf of the entire AN Branch staff, thank you for all you do.

1. What is the process for implementing the new OER enhancements for CPT, LT, CW2, and W01?

The implementation of the new Officer Evaluation Report enhancements for CPT, LT, CW2, and W01 will begin with OERs with ending (THRU) dates after 1 October 2004. All CPT, LT, CW2, and W01 who will not receive an annual OER prior to 31 December 2004 will receive a Human Resource Command (HRC) directed OER with a THRU date of 31 December 2004. If an officer received an OER prior to 30 September 2004, they will receive an OER with a THRU date of 31 December 2004. Officers, who receive an OER with a THRU date after 30 September 2004, will not receive a box check in part VIIb on OERs. HQDA will process with a HQDA label stating "Not Evaluated."

Effective 1 October 2004, raters will initiate the DA Form 67-9-1a Developmental Support Form (DSF) for CPT, LT, CW2, and W01 within the first 30 days of implementation (30 October 2004).

Summary of OER Enhancements

Annual OER with THRU date prior to 30 SEP 2004 = Box Check in part VIIb

Annual or HRC directed OER with THRU date after 30 SEP 2004 = No box check in part VIIb

Annual OER with THRU date prior 30 SEP 2004 = OER with THRU date 31 DEC 2004

CPT, LT, CW2, and W01 = OER with THRU date between 1 OCT to 31 DEC 2004

CPT, LT, CW2, and W01 = Developmental Support Form starting 1 OCT 2004

2. How do I enroll in the Head Nurse course? Once enrolled, how do I obtain funding to attend?

You can request enrollment by faxing a DA3838 to MAJ Richardson at DSN 221-2392. Once enrolled in the course, MAJ Bramley will send officers a welcome letter and fund cite letter. If you have a seat in the course and do not have a fund cite or welcome letter within two weeks of the course start date, please contact MAJ Bramley at kelly.bramley@amedd.army.mil.

3. When am I eligible to apply for Long Term Health Education and Training?

Officers are eligible to apply to LTHET if they meet the following criteria:

- a. Officer is in a Regular Army (RA) or Voluntary Indefinite (VI) status.
- b. Officer has not exceeded 17 years of active federal service.
- c. Officer has at least a SECRET security clearance.
- d. Officer is a graduate of ACCC/AOAC, on orders for same, or currently enrolled with a definite completion date before the LTHET start date. For officers overseas, a normal overseas tour must be completed before entry into school. Officers in a non-select promotion status are not eligible to apply.

More information can be found in AR 351-3, Professional Education and Training Programs of the Army Medical Department. Point of contact at AN Branch is MAJ Suzie Richardson.

5. What is a Unit of Action (UA)?

A Unit of Action (UA), also known as a Brigade Combat Team (BCT), is a self-sustaining unit that is capable of being more mobile and able to react quicker than a division. Historically, the Army had 10 larger units or divisions

that provided specific capabilities for specific regions or missions. The Army is moving towards 43-48 smaller self-contained UAs. The uniqueness of the UA is that it can provide a larger “deployment ready” pool of units to rotate for various missions. There are two types of UAs; a Brigade UA (armored and infantry) and a Support UA. The Brigade UA is designed and organized for close combat and stability operations. The Support UA is designed and organized for multi-functional and sustainment operations.

Intent: The UA will create a modular “brigade based” Army that:
 is more responsive to regional combatant commanders needs
 better employs Joint capability
 facilitates force packaging and rapid deployment
 increases the ease with which we can rearrange units and integrate with other services and/or nations
 creates a deeper rotational pool to sustain Global War on Terrorism
 (Army Strategic Planning Guidance 2006-2023 and HRC Briefings)

Relevance to the Army Nurse: Within each UA, there is one medical-surgical nurse. These nurses are historically known as “Division Nurses” and they can be 66Hs, 66H8As, or 66HM5s. The nurse assigned to the UA is responsible for coordinating and implementing the 91W Medical Readiness Proficiency Tables and Testing. As the only registered nurse, during deployments, the nurse serves as the Head Nurse for a 10-40 bed Patient Hold Unit. This is a critical role because the nurse provides initial resuscitation, stabilization, and preparation for evacuation of wounded or sick Soldiers.

4. When are promotion board results released?

Promotion board results are typically released 90 – 120 days after the recessing of a board. During the timeframe between the board recess and the release of results there are several steps that must take place. After an internal review, the Department of the Army (DA) Secretariat will provide a board report to the Secretary of Defense, who has been delegated authority by the President of the United States, to approve or disapprove promotion board results. He reviews the board report to ensure that the board has acted in accordance with the laws, regulations and/or the guidelines furnished to the board. Depending on the outcome of the Secretary of Defense’s review, the promotion list may be released or the board report returned to the DA Secretariat for further review. If the report is returned the release of the promotion can be delayed for an undetermined amount of time.

Please let us know how you feel about the change to our format. We look forward to addressing your questions and comments. Please forward your questions to our Education Technician, Mrs. Tawanda Patton, at PATTONT@hoffman.army.mil.

AJN Photo Submissions – A Chance to Share Your Experiences with other Nursing Professionals

The American Journal of Nursing (AJN) has requested photos of Army Nurses from recent operations--either peacekeeping, humanitarian or related to the Global War on Terror. The AJN Editor would like to include them in a military photo spread. If you took interesting photos, while involved in one of these missions, please contact Nicole Mladic at 312.861.5274 or email Nicole.Mladic@mslpr.com.

The Army Nurse Corps Association (ANCA) Award Advanced Military Practice Award

It is time again to nominate individuals for the Advanced Military Nursing Practice Award. This award, sponsored by the Army Nurse Corps Association, honors a middle-range ANC officer (CPT (P), MAJ, LTC) who has contributed significantly to the practice of nursing during the past 2 years. This annual award is separate and distinct from any others that may be given for particularly outstanding duty performance. Individuals nominated may be from any component - Active, USAR or ARNG. The nominating individual may be in the nominee’s supervisory chain or a peer. Nominations, submitted in memorandum format not to exceed two double spaced typed pages, must include an endorsement by the nominee’s chief nurse or senior rater. Provide specific and factual information, give a concrete description of what the officer accomplished to include project impact (improves cost

benefit ratio, improves quality of care) and significance to nursing practice, and include why this accomplishment merits recognition by the A.N.C.A. and the Chief, Army Nurse Corps.

Nominations must be submitted by **17 December 2004** to Office of the Army Nurse Corps, ATTN: MCCS-CN, Room 275, 2250 Stanley Rd., Fort Sam Houston, TX 78234-6140. Nominations will also be accepted by fax at CML (210) 221-8360/DSN 471-8360. The letter of Instruction of the A.N.C.A. Advanced Military Practice Award, Standard Operating Procedures, and a sample memorandum are available on the **Army Nurse Corps AKO** website.

To access this information log into the ANC AKO website by copying and pasting the URL:

<https://www.us.army.mil/suite/page/130190> into your web browser. Once you are there scroll down to the Awards and Conference Information cell on the left hand side. Click on the ANCA Awards Information folder and it will take you to the files section where you will see all three word documents.

If you have trouble with these instructions you can get to the ANC webpage by logging into AKO then, under Army Organizations on the left side toolbar, click on special staff, then medical, then Army Nurse Corps. This will also take you to the ANC AKO homepage.

If you have trouble with this please the Office of the Army Nurse Corps at DSN 471-6621 or CML (210) 221-6621.

Call for Papers and Reviewers

The *AMEDD Journal* Editor, Mr. Bruce Nelson, has extended an invitation to the Army Nurse Corps to contribute to an entire issue of the Journal. This is a quarterly journal published by the AMEDDC&S and distributed AMEDD-wide with a circulation of approximately 4,000. The July-September 2005 issue will be dedicated to the ANC, with articles contributed by AN officers.

We are looking for papers addressing the pillars of the military nursing profession: clinical practice, administration, education, and research -- in both TDA and TO&E environments. Papers can address performance improvement, best practices, clinical vignettes, unique experiences in patient care, and professional development, to name a few. These are NOT limited to research papers – the AMEDD Journal is meant to be read by a broad AMEDD audience. If you are unfamiliar with this publication, check your local library for a copy.

As the first step in this process, I am requesting **authors, topics, and editorial/review board members**. If you have an idea for a paper, please send the proposed title and a short (few sentences) description of your idea along with a listing of anticipated co-authors, as applicable. I will compile a list of topics from which the AN leadership will select the best fit for the publication. If your idea is selected, you will be provided more information about manuscript length (generally no more than 20 double spaced pages including references) and format. I need your title/description/author(s) **NLT 30 November 2004**.

I also need MSN- and PhD-prepared colleagues to 1) work closely with authors and coach them through the writing process and/or 2) serve on the editorial/review board for this issue. Please forward your names to me by email or phone: patricia.patrician@amedd.army.mil or 210-221-8231, DSN 471.

This is a great opportunity for the ANC to shine! Let's make it happen!

LTC Patrician, Chief, Department of Nursing Science, AMEDDC&S.

2004 ANC-CHEP Guidelines

The new 2004 ANC-CHEP Guidelines are now completely revised and posted on the Department of Health, Education and Training website. Many thanks to LTC Deborah Van Laar for all of the hard work she put into these Guidelines before leaving this office and heading into retirement. You can find the 2004 ANC-CHEP Guidelines on the web at <http://www.cs.amedd.army.mil/dhet/>. When you get there click on "Army Nurse Corps" and scroll

down to the [ANC-CHEP Guidelines](#) button. Click and you're there. As you scroll to each chapter in the table of contents you can click and it will take you to that chapter. The examples of forms in Chap 5, 6 & 7 still won't open, but will work soon. There are few significant changes that I will mention here:

- Disclosure/vested interest statements are required for all presenters
- Disclosure/vested interest statements are required on all marketing material and must be made at the beginning of each presentation
- Disclosure/vested interest statements can be made on the "official" form or can be one sentence added on the CV/Bio stating that the presenter has no vested interest in the topic being presented.
- No signatures are required on the application or the certificate
- All packets must have a marketing tool of some sort. It can be a flyer or a Tri-fold or a PowerPoint of some sort.
- Terminology has changed from EDI to Provider Directed Activity and EDII to Learner Directed Activity.
- There is a new statement on the certificate and an example is included in Chap 5.
- There is a new application.

Please call or email with any questions that you may have.

Carol A. McNeill

COL, AN

Chief, Nursing Education Branch

AMEDDC&S

Comm: (210) 295-0274

DSN: 421-0274

Fax: (210) 221-2832

email: carol.mcneill@amedd.army.mil

The 18th Annual Pacific Nursing Research Conference

3-5 March, 2005

Wakiki Beach Marriott Resort, Hawaii USA

Theme: Research Across the Life Span

The Call for Abstracts is now available on the Henry Jackson Foundation website:

<http://hjff.org/events/index.html>

If you would like any additional information, please contact LTC Patricia A. Wilhelm @ <mailto:patricia.wilhelm@us.army.mil>

The annual Armed Forces District (AFD) ACOG/AWHONN Conference, "Building a Bridge to the Future: Leading the Way in Women's Health" 17-20 October in San Diego, CA

The combination of high quality presentations, attendance of numerous vendors networking with other Army, Navy and Air Forces Nurses presents a great professional opportunity for Army OB/GYN nurses. The Advance Program and Registration information is available at www.awhonn-af.org. The AFD conference is also the venue for presentation of awards to outstanding Army nurses working in the Women's Health arena. The three categories of the Awards of Excellence are education, research, and practice. Awards will also be presented to a junior nurse, and an advanced practice nurse, (midwife, practitioner or clinical nurse specialist). Award winners and the senior nurses at their facilities will be notified as soon as the selections are made in the hopes that recipients can attend the conference. Chief Nurse Executives of the winners are asked to please consider sending the awardees to the conference to receive their

awards in person. This conference is given in conjunction with AFD ACOG. Each year a number of awards are presented to physicians and most of them attend. There are only a few awards presented to nurses and historically, awardees have not been able to attend. Hope to see you all there!

Tri-Service SIG Military Pre-Conference 6 APRIL 2005 *Call for Abstracts*

The co-chairs for the American Academy of Ambulatory Care Nurses (AAACN) Tri-Service Special Interest Group (SIG) are pleased to announce we are planning an exciting Tri-Service Ambulatory Nursing Pre-conference for **6 APRIL 2005** at the Weston Horton, San Diego, California the day prior to the start of the American Academy of Ambulatory Nursing Annual Conference scheduled for 7-11 APRIL 2005.

The purpose of this pre-conference is to provide a forum to discuss success stories, best practices, collaborative practice as well as challenges encountered by ambulatory care nurses within the Military Health Care System. This will be accomplished through lectures, poster sessions and panel discussions

We are currently requesting abstracts for lectures and/or poster presentations with relevance and pertinence to the theme of the 06 April 2004 AAACN SIG in San Diego "Charting a Course for Ambulatory Care in the Military Health Care System"

Guidelines for Submission:

- Please submit an electronic lecture proposal and/or abstract submission using Microsoft Word and the attached template located at the end of this message. In the text of your email, please include a single point of contact, their email, the topic, and whether you are submitting a presentation, poster, or both.
- The poster session will consist of visual displays. Your presence is requested during morning registration, breaks, and lunchtime.
- Attendees are responsible for conference registration fees as well as travel and lodging costs.
- Submission date: Abstracts must arrive on or before: **01 NOV 2004**.
- Notification of acceptance and further instructions will be sent no later than Friday 15 Oct 04.
- For questions or concerns please contact COL Secula @ 210-221-7885 or Lt Col Naughton @ DSN 382-2343 Comm: 253- 982-2343.

Email Abstract submissions to one of the following:

Monica Secula, COL, ANC Monica.Secula@AMEDD.army.mil	Corinne Naughton, Lt Col, USAF, NC Corinne.Naughton@mcchord.af.mil	LCDR Harry Foster Smith, NC, USN HFSmith@nmcsd.med.navy.mil
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ABSTRACT TEMPLATE

1. Author contact information: (If more than one author is listed, indicate which one is the contact person)

- Name/Rank:
- Duty Title:
- Military Affiliation:
- Address:
- Email:
- Phone:
- Fax:

2. Abstract Submitted for : (Select all that apply)

- Lecture Presentation
- Poster Presentation

3. Purpose:

4. Rationale:

5. Significance:

6. Description:

7. Methodology of research:

8. Findings:

9. Conclusions:

Office of the Chief, Army Nurse Corps	
<p>Fort Sam Houston Office COL Barbara Bruno, Deputy Chief ANC mailto:Barbara.bruno@amedd.army.mil LTC Sheri Howell, AN Staff Officer mailto:Sheri.howell@amedd.army.mil MAJ Eric Lewis, AN Fellow mailto:Eric.lewis@amedd.army.mil AMEDD Center and School ATTN: MCCS-CN, Room 275 2250 Stanley Road Fort Sam Houston, TX 78234 210.221.6221/6659 DSN 471 Fax: 210.221.8360</p>	<p>Washington, DC Office LTC Christine Johnson, AN Staff Officer mailto:Christine.Johnson@belvoir.army.mil Headquarters, DA Office of the Surgeon General 6011 5th Street, Suite #1 Fort Belvoir, VA 22060-5596 703.806.3027 DSN 656 Fax: 703.806.3999</p>
ANC Branch @ HRC: www.perscomonline.army.mil/ophsdan/default.htm	AN Website: http://armynursecorps.amedd.army.mil/

The ANC Newsletter is published monthly to convey information and items of interest to all Army Nurse Corps Officers. If you have an item that you feel would be of interest to your fellow ANC's please e-mail articles to MAJ Eric Lewis. The deadline for submissions is the third week of the month prior to the month you want the item published. All officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.